

David M. Gaba Receives the 2003 David M. Worthen Award for Academic Excellence

The Department of Veterans Affairs Academic Affiliations was proud to announce David M. Gaba, M.D., Director, Patient Safety Center of Inquiry at VA Palo Alto Health Care System and Professor of Anesthesia, Stanford University School of Medicine as the 2003 David M. Worthen Award for Academic Excellence recipient.

Gaba has been recognized as a "Founding Father" in medical simulation, introducing realistic patient simulators for clinical education, education research, and patient-safety research. Detailed physiological and pharmacological computer models that nearly replicate actual clinical challenges control these simulators. The anesthesia crisis resource management program in particular has changed the way many institutions in the United States and other countries teach and access trainees in anesthesia. The development and refinement of thee educational techniques has had a profound impact on training in the field of anesthesia, and represents a vital step in the development of competency-based training for initial and re-certification of specialists.

The David. M. Worthen Award for Academic Excellence is the highest award given by the Department of Veterans Affairs to recognize outstanding achievements of national significance in health professions education.



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A Word From Our Director



Elizabeth Joyce Freeman, Director VA Palo Alto Health Care System

I hope all of you enjoyed a well-deserved break over the holidays. We are now well into our preparations for the upcoming JCAHO survey. At this time, the scheduled date for our survey is March 29 through April 2, 2004. VAPAHCS will be the second VISN 21 site surveyed in this cycle. We have just completed our first mock surveys using the new tracer methodology. We are attempting to receive additional consultative assistance in preparing for this new

survey methodology. I appreciate the many efforts all of you are making toward a successful survey. Our Quality Management staff are assisting numerous services, especially those we know will be targeted for tracer visits. We plan to distribute pocket cards to all staff, listing the seven JCAHO national patient safety goals of Patient Identification, Communication Among Caregivers, High-Alert Medications, Wrong-Site Surgery, Infusion Pumps, Clinical Alarm Systems and Nosocomial Infections. References to our local policies regarding these goals will be included on the pocket cards. I know many staff are looking forward to this new survey process. This will be our last scheduled JCAHO survey!

Last year, I met with several senior VAPAHCS staff members to discuss new strategic planning initiatives for VAPAHCS. The many demands on our time due to performance measures, budget demands, internal and external reviews and other events can impede efforts to communicate and thoughtfully plan our organizational (as opposed to operational) goals for the near and long term. The CARES process helped us solidify some of our future capital initiatives; yet much work remains to be completed. This month, I will issue numerous charters to begin new strategic planning work. The areas we will focus on will include:

- Creation of a Workforce Development Council and a Workforce Development Plan
- Review of Primary Care, Specialty Care and Mental Health Care in our CBOCs

- Review of Surgical Programs
- Review of Mental Health Programs
- Review of Acute Care and Extended Care Programs
- Resolution of Issues with our Radiology Department
- Initiation of a Facility Development Plan for all Sites

The work on most of these charters will be completed this summer. The recommendations from these studies will be incorporated into our overall strategic planning. I want to thank in advance all of those tasked to assist us with this important work.

VHA has placed much emphasis on correcting deficiencies noted in previous OIG Combined Assessment Program (CAP) reviews. We have designated responsible persons for VAPAHCS for the various areas of the CAP program. They include:

Quality Management and Performance Improvement

Pat Allyn

Community Residential Care Program

Steve Finkelman

Transportation Services

Morten Green

Environment of Care

Pat Allyn

Compliance with Research

Standown Frederic Kraemer

Employee Survey

Rob Floershiem

Patient Survey

Pat Allyn

Supervision of Residents

Stephen-Ezeji Okoye

Information Security

Phil Wong/Peg Graham

Controlled Substance Accountability

Roger Pierce

Medical Care Cost Fund

Collection Activities

Debbie McCormick

Contracting and purchase cards

John Tribuiano/Mel Niese

Inventory management

John Tribuiano

PT MD Time and Attendance

Lori Peerv

Patient Waiting Times

Stephen-Ezeji Okoye

The OIG sends us updates on CAP inspections at other sites several times each week. Those responsible for these activities will require much cooperation on everyone's part to meet the increasingly high expectations of these CAP reviews.

Finally, please join me in congratulating Dr. David Gaba as VHA's 2003 David Worthen Award for Academic Excellence winner. Dr. James Hallenbeck won this prestigious award last year. We are indeed very fortunate to have such a plethora of distinguished physician leaders at VAPAHCS.

Elizabeth Joyce Freeman

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Director

JCAHO 2004 National Patient Safety Goals

JCAHO has identified seven patient safety goals for 2004. These goals address specific areas of concern in regards to patient safety. Each goal includes no more than two succinct, evidence or expert based recommendations. Goals 1, 2, and 3 will be surveyed as standards for our 2004 survey. Goals 4, 5, 6, and 7 will also be surveyed and failure to implement any of the applicable recommendations will result in a special recommendation.

The Patient Safety Goals for 2004, including the FAQ's (frequently asked questions) can also be found on the Quality Management web site, under Risk Management/Patient Safety.

GOAL 1: IMPROVE THE ACCURACY OF PATIENT IDENTIFICATION

- **a.** Use at least two patient identifiers (neither to be the patient's room number) whenever taking blood samples or administering medications or blood products. (scored at standard PC5.10, EP #4)
- **b.** Prior to the start of any surgical or invasive procedure, conduct a final verification process, such as a "time out," to confirm the correct patient, procedure and site, using active (not passive) communication techniques. (scored at standard PC 13.20, EP #9)

How VAPAHCS Complies:

- HCSM No. 11-03-14 "Improving the Accuracy of Patient Identification"
- BCMA armband scanning (patient name and SSN are the identifiers when scanning)
- HCSM No. 11-03-01 "Ensuring Correct Surgery"
- HCSM No. 11-03-26 "Ensuring Correct Invasive Procedure"

GOAL 2: IMPROVE THE EFFECTIVENESS OF COMMUNICATION AMONG CAREGIVERS

- **a.** Implement a process for taking verbal or telephone orders or critical test results that require a verification "read-back" of the complete order or test result by the person receiving the order or test result. [Scored at Standard IM.6.50, EP #4]
- **b.** Standardize the abbreviations, acronyms and symbols used throughout the organization, including a list of abbreviations, acronyms and symbols not to use. [Scored at Standard IM.3.10, EP #2]

How VAPAHCS Complies:

- HCSM No. 11-03-10 "Verbal Orders"
- HCSM 11-03-27 "Verbally Communicated Test Results"
- HCSM No. 11MR-03-06 "Abbreviations, Acronyms or Symbols in Patient Medical Records"

GOAL 3: IMPROVE THE SAFETY OF USING HIGH-ALERT MEDICATIONS

- **a.** Remove concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate, sodium chloride >0.9%) from patient care units. (scored at standard MM.2.20, EP #9)
- **b.** Standardize and limit the number of drug concentrations available in the organization. (scored at Standard MM.2.20, EP #8)

How VAPAHCS Complies:

- Concentrated KCL is only available on the perfusion cart in OR and in the Pharmacy.
- Concentrated electrolytes are stored in the Pharmacy.

GOAL 4: ELIMINATE WRONG-SITE, WRONG-PATIENT AND WRONG-PROCEDURE SURGERY

- **a.** Create and use a preoperative verification process, such as a checklist, to confirm that appropriate documents (e.g., medical records, imaging studies) are available.
- **b.** Implement a process to mark the surgical site, and involve the patient in the marking process.

How VAPAHCS Complies:

- HCSM No. 11-03-01 "Ensuring Correct Surgery"
- HCSM No. 11-03-26 "Ensuring Correct Invasive Procedure"
- VHA Directive 2002-070 "Ensuring Correct Surgery

GOAL 5: IMPROVE THE SAFETY OF USING INFUSION PUMPS

a. Ensure free-flow protection on all general-use and PCA (patient controlled analgesia) intravenous infusion pumps used in the organization.

How VAPAHCS Complies:

VAPAHCS Infusion pumps meet this goal

GOAL 6: IMPROVE THE EFFECTIVENESS OF CLINICAL ALARM SYSTEMS

a. Implement regular preventive maintenance and testing of alarm systems.b. Assure that alarms are activated with appropriate settings and are sufficiently audible with respect to distances and competing noise within the unit.

How VAPAHCS Complies:

- Biomedical Engineering conducts preventative maintenance of all medical equipment
- HCSM 11-03-29 "Effectiveness of Clinical Alarms"

GOAL 7: REDUCE THE RISK OF HEALTH CARE-ACQUIRED INFECTIONS.

- a. Comply with current CDC hand hygiene guidelines
- **b.** Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-acquired infection.

How VAPAHCS Complies:

- HCSM No. 111-03-10 "Standard Precautions and Isolation Procedures"
- Report any nosocomial infection that results in death or permanent loss of function as per HCSM No. QM-03-37 "Patient Adverse Event/Incident Reporting"

JCAHO National Patient Safety Goals Effective 1/1/03

JCAHO Survey Scheduled for the End of March

VAPAHCS' accreditation review by Joint Commission is scheduled to begin on Monday, March 29, 2004. This will be our first survey under the new "Shared Visions-New Pathways" approach for certification. In November 2003, several members of our staff attended a two-day conference to learn about this new process. The process represents a new set of approaches or pathways to accreditation. Some of the key terms we will be using are:

Periodic Performance Review (PPR) which is a process by which a facility uses a standardized assessment tool to assess and attest their compliance to standards. This is normally completed along with a plan of corrections for deficiencies and submitted midway in the 3-year survey cycle.

Priority-Focus Process (PFP) which is a process that focus' the accreditation survey on significant areas such as patient safety and quality processes and is submitted in a pre-survey automated tool. The goal is to bring consistency to review of the pre-survey data and convert it into real information about the health care system.

Priority Focus Areas (PFA) that are the most relevant systems related to patient safety and quality of care. These areas include assessment, communication, credentialing and privileging, equipment use, infection control, information management, medication management, organization structure, orientation training, rights and ethics, physical environment, quality improvement, patient safety and staffing. Normally, the top 4-5 PFAs will be determined at the mid point, 15-month point, in between surveys. They will come from the PPR that a facility submits. Surveyors will then use these areas to plan their on-site survey activity and identify potentially relevant standards.

Clinical/Service Groups (CSG) are the categories of patients/residents/ clients or services of a health care organization for which data are collected. Surveyors will use the priority CSGs to identify clinical/service groups for focus and use the active patient list and identified clinical/ service groups to select tracer patients.

Tracer Methodology is a systems approach to evaluation. It traces a number of patients through the organization's entire health care process. As cases are examined, the surveyor may identify performance

issues in one or more steps of the process-or in the interfaces between processes. The objectives of the tracer activity are to follow the course of care and services provided to the patient/client/resident. It assesses the relationships among disciplines and important functions. Tracer activity evaluates performance of processes relevant to the individual.

Tracer Selection Criteria will include patients/clients/residents who received complex services (often close to discharge). Selections from this group will most likely be those who have crossed different programs such as hospital to long-term care, or hospital to home care or clinic care. It is anticipated that 50-60 percent of on-site survey time will be taken up with tracer activity. In addition to individual patient tracers, several system tracers such as infection control, medication management, and patient safety will be conducted.

Tracer Visits Will Include observation of care areas and environment of care issues, as well as a review of the medical record with staff. Tracers normally will start in the setting/unit where the tracer patient/resident/client is located. It may include sequential following of the course of care, but there is no mandated order for visits to other care areas. Additionally, tracer visits may include observation of direct care, observation of medication process, observation of a care planning process, and an individual or family interview. Review of additional medical records will be determined as needed. Staff level interaction will include information about performance measurement, their daily roles and responsibilities as well as their training and orientation. Reviews of policies and procedures will be conducted as needed.

Additional Areas May Include review of closed records, areas not included in the tracer, and a building tour to areas not visited during tracer such as kitchen or pharmacy.

The Quality Management web site on vapaweb has posted all four JCAHO manuals. The four manuals are: Comprehensive Accreditation Manual for Hospitals; Long Term Care; Behavioral Health; and Home Care. Each manual lists all of the applicable standards for that area. From vapaweb select service sections, choose QM, click on JCAHO Standards and choose manual for your area. The manuals list the standard, which is followed by elements of performance and a scoring grid.

One of the tools staff can use to prepare for survey is the VAPAHCS Employee Reference Guide. It is a resource handbook for all employees. Copies are available through QM. If you have not received one through your service or at new employee orientation contact QM at extension

EMPLOYEE NEWS

New Employees

Blind Rehabilitation Svc. **Denise Hickey**

Business Office

Debbie McCormick

Chi To Pham

Engineering Svc. Rolando C. Jara

Environmental Mgmt. Svc.

Danny Campos

Chad E. Kelley

Human Resources Mgmt. Svc.

Marion Kopmann

Heny So

Nursing Svc.
Daryl Aglubat
Steven Higgins
Perla McCoskey
Kelly Piasecki

Lynne Rosin Myladel Zulueta

Pharmacy Svc. **Catherine Peng**

Police Svc.

Anthony C. Gaudino
Charles Herron
Johnathan B. Stefanini

Psychiatry Svc. Mary L. Chisick William Hyman Walter Newton

Psychology Svc. **Martha Chiu**

Readj. Counseling **Barbara Altman**

Recreation Svc. **Alisa Krinsky**

Research Svc.
Christine M. Eldridge
Harriet Johnson
Elizabeth Turner-Nichols

Spinal Cord Injury Svc. William Warren

Surgical Svc. **David Seegers**



Retirees

Carla Ambriz (34) Radiology Svc.

Joyce Casley (31)Medical Svc.

Laura Hamilton (31) Nutrition & Food Svc.

Melvin Koenig (34) Acquisition & Materiel Mgmt. Svc.

> Phillip Lapekas (25) Blind Rehab. Svc.

Carol Merwin (19)
Director's Office

Matthew Sheinin (15) Medical Svc.

(Years of service are indicated in parentheses.)

Employee Service Awards

10 Years

Nenelita Amancio Nursing Svc.

> **Jocelyn Costa** Nursing Svc.

Lila Jaffray Blind Rehab. Svc.

Eva Shu Surgical Svc.

Marlene Specht Audiology & Speech Path. Svc.

15 Years

Audrey BrownNursing Svc.

Elizabeth Jessen Blind Rehab. Svc. **Linda Miles** Nursing Svc.

Jammu Owens Voluntary Svc.

Cecilia Padaong Nursing Svc.

> **Kay Schroer** Nursing Svc.

Linda ThomasNursing Svc.

Evelyn Willcox Research Svc.

Beverly Yee Medical Svc.

20 Years

Rosario Martires Nutrition & Food Svc.

Reynaldo Nagal Engineering Svc.

Edith Whitfield Nursing Svc.

25 Years

Sandra Farmer Nursing Svc.

Catherine Morris Nursing Svc.

Christopher Wenk Psychology Svc.

Stacey WilsonNutrition & Food Svc.

Carla Galloway Psychiatry Svc.

Joseph Johnson Engineering Svc.

30 Years

Anita Monteagudo Nursing Svc.

Alexander Salamanca
Acquisition & Materiel Mgmt. Svc.

40 Years

Dora Pena Nursing Svc.



Healthy Weight Week January 18-24, 2004

What is the purpose of Healthy Weight Week?

Healthy Weight Week is an annual, national observance that focuses attention on the importance of staying at a healthy weight. This is especially important at a time when more Americans than ever are overweight. According to the U.S. Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity, released in 2001, approximately 300,000 adult deaths in the United States each year can be attributed to unhealthy dietary habits and physical inactivity or sedentary behavior.



31.5 to 33.6 percent in American adults between the ages of 20 and 74. During this same time period, the prevalence of obesity more than doubled from 13.3 to 30.9 percent, with most of this increase occurring in the past 20 years.

How does healthy weight influence a person's life?

Being at a healthy weight and eating healthy can enhance feelings of well-being and provide the needed energy to lead a fulfilling life. Maintaining a healthy weight is an important part of self-esteem, because your weight affects your body

image, emotions, moods, and physical sensations. A healthy weight can help to reduce your risk for physical and mental illnesses.

What is a healthy weight?

A healthy weight is different for everyone. A person's weight is based on factors such as genes, food intake, and level of physical activity. Therefore, it is impossible to have one ideal weight that suits everybody. Healthy weight is not just about weight loss. It includes lifestyle, eating habits, and good nutrition, combined with physical activity. Eating in a healthy way provides the human body with the nutrients it needs to function, so what a person eats directly affects the body's wellbeing and a person's quality of life. According to the Healthy Weight Network, "normal eating" implies eating three meals and one or two snacks a day, and eating at regular times. It also means choosing a variety of foods and eating in moderation.

How many people are at a healthy weight?

According to the National Institute of Diabetes and Digestive and Kidney Diseases, just 33.5 percent of American adults are at a healthy weight, and the percentage is falling. Between 1960 and 2000, the prevalence (total number of existing cases) of overweight increased from

What can be done to reach and stay at a healthy weight?

Efforts to get Americans to maintain a healthy weight begin with our Nation's children. Parents have an important role to play, because they are typically the primary source of information. More importantly, they are the primary role models when it comes to molding children's eating habits. Children learn from their parents what to eat, when to eat, and how much to eat. For children and adults alike, it is important to get in touch with body signals that tell you when you are hungry, full, or have overeaten. Adults who wish to change their behaviors, attitudes, and lifestyle patterns in order to reach a healthy weight should begin by getting reliable information on nutrition. Local communities can provide support and help to promote understanding of the importance of healthy weight to a good quality of life.

Operation Hero Miles

In September 2003, Operation Hero Miles was created by Congressman Dutch Ruppersberger (Maryland) to provide free plane tickets to troops serving in Iraq and Afghanistan to allow them to go home on R&R. In December 2003, Operation Hero Miles partnered with the Fisher House Foundation to provide free plane tickets to family members of injured troops so they could travel to military hospitals to provide comfort. The Fisher House Foundation has now expanded

this program to provide free plane tickets for family members of OIF/OEF active duty personnel who are transferred to VHA facilities.

Operation Hero Miles depends on donations of frequent flyer miles and donations of money to purchase plane tickets. Several airlines are accepting the donations and providing free tickets to Operation Hero Miles and the Fisher House Foundation. For more information, please go to http://www.heromiles.org and to http://www.fisherhouse.org.

A Few Facts about the Menlo Park Division

In 1917, Camp Fremont, named after Major General John C. Fremont, was established by the U.S. Army. Two miles north of Palo Alto, and a mile west of San Francisco Bay, the 7,203 acre training camp saw more than 40,000 soldiers. Part of the camp was on ninety acres of dairy land, where a base hospital was build.

On April 1, 1919, the U.S. Public Health Service took over the hospital. Tuberculosis, medical and surgical cases were treated. 3,339 patients were admitted between April 11, 1919 and January 22, 1922. On January 23, the hospital was transferred again to the Veterans Bureau.

The permanent veterans hospital, designed to care for neuro-psychiatric (NP) patients, opened March 1924. TB veterans continued to be cared for until 1925, when the Livermore Veterans Hospital was opened. By 1929, 21 buildings were completed, and the facility served as one of three medical diagnostic centers in the U.S. for veterans.

In 1934, the function of medical diagnostic center was moved to the Veterans Hospital at Fort Miley and the facility became a 550-bed dedicated NP hospital, of which an undetermined number of beds in Bldg. 105 served the medical/surgical needs of patients housed at the facility. The first new building to open in a decade , Bldg. 137, opened in 1940 and housed 95 NP patients. During WWII existing buildings were used to raise the bed capacity to 1,150 beds.

The next building to open was Bldg. 322, the Chapel, in 1960. Also, in 1960 the Palo Alto Division opened as a general medical and surgical hospital and all remaining GM&S functions were transferred to the new facility. During the years 1963 and 1964 Bldg's. 101, 102, 105, 137 and 205 were renovated and modernized.

The next new major construction came in 1967, with the opening of two identical patient bed buildings, Bldgs. 323 and 324, each with a capacity of 240 beds. This was followed in 1969 by the opening of a new dietetic kitchen and dining hall, Bldg. 329. In 1972, following a survey of buildings for seismic integrity, a number of buildings from the 1922-1929 era were demolished.

In 1978, two new buildings opened: Bldg. 332, a Butler-type building housing the canteen (subsequently converted for use as rehabilitation therapy clinics) and Bldg. 331, a 150-bed nursing home care unit. Finally, 1985 saw the opening of Bldg. 334, the Center Core Building. All administrative and most outpatient treatment activities were relocated to this building.

Right, Director Lisa Freeman addressing staff at the Building 137 closing ceremonies.

In 1993, Bldg. 321 was constructed as an interim building to house the Drug Alcohol Rehabilitation Units (DARUs) formerly in Buildings 101, 102 and 103 at the Menlo Park Division. By 1996, Buildings 348, 349, 350, 351 and 352 were completed and occupied by the DARU programs. This same time Building 347 was completed and activated when the Domiciliary program relocated from Building 105. These moves allowed demolition of Buildings 101, 102, 103 and 105. Bldg. 321 now support both medical and mental health outpatient services.

Some services offered in Building 137:

- TB ward
- Gero-psychriatric Unit
- Physical Therapy
- Nursing Home Beds
- Personnel Health
- Laboratory Services
- Pharmacy
- Podiatry Clinic
- Dental Clinic

- Shared Help and Recovery Program
- Substance Abuse Ward
- Our United Recovery Program
- Vets Workshop
- Elder Veterans Day Respite
- Next Step
- National Center for PTSD
- San Mateo Methadone Maintenance Program



IRMS News! PC Exchange Q&A's

from the old computer before it is exchanged? **ANSWER:** No. The contractor will erase the hard drives, under the supervision of the Information Security Officer (ISO), using software approved by VACO Cyber Security.

QUESTION: I have a Micron PC with a serial number beginning with "248" or "249" but it is not on the list to be replaced. What should I do?

ANSWER: Send an email to Paula Sheehan containing all the information for the PC so she can add it to the list. There were some areas that were inaccessible during the inventory, so IRMS appreciates your help in identifying these PCs.

QUESTION: How do I back up my data on the "H" drive.

ANSWER: Please see http://vapaweb/irms/ Documentation.htm for instructions.

QUESTION: How do I back up my data if I do not have an "H" drive.

ANSWER: Reboot your computer if you have not done so since Jan. 5, 2004 to obtain access to the "Y" drive. Right Click on START, click on EXPLORE, click on the + for MY

QUESTION: Do we have to erase our data COMPUTER, click on "Users on 'vhapalfsc2' (Y:)", then double click the folder that matches your login name. You may drag and drop OR copy and paste your files into this folder in the same manner as the "H" drive.

> **QUESTION:** I have special software or hardware that needs to be transferred to my new computer. How do I make sure that this happens?

> ANSWER: Send an email to Paula Sheehan describing what software and hardware needs to be transferred to the new computer. (Editor's note: It is also a good idea to leave a reminder note on your monitor if you are not in the office during the PC Exchange.)

> **QUESTION:** PCs in Buildings 100, 101, and 102 are not on the latest list. When will they

> **ANSWER:** The schedule for Buildings 100 and 102 are included in the attachment to this message. Building 101 dates are still being firmed up.

QUESTION: Menlo Park is not on the schedule. When will we receive our new PCs? ANSWER: IRMS is still negotiating a date for Menlo Park.

This Date in History ...

January 1st

Emancipation Proclamation Took Effect (1863)

January 15th Humanitarian Day

January 15th

Martin Luther King Jr. Birthday (Observed this year January 19th)

January 17th

Gulf War I began (1991)

January 27th

Vietnam Peace Treaty Signed (1973)

January 30th

Tet Offensive Began (1968)

February 4th

USO Founded (1941)

February 13th

Women's Marine Corps Created (1943)

February 16th

Presidents' Day

February 23rd

Desert Storm Ground War Began (1991)

February 27th

Kuwait Liberation Day (1991)



is published monthly by and for employees of the VA Palo Alto Health Care System.

Submissions should be received by the 1st working day of the month to be included in upcoming issues. Due to space limitations, it is not possible to publish all submissions.

We welcome any comments, suggestions or story ideas you may have; please contact the Communications Officer (00A) at ext. 64888 or directly at 650-858-3925.

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